

<div>STATE OF MAINE</div> <div>SNOWMOBILE, ATV, WATERCRAFT ACCIDENT REPORT FORM</div> <div>The Department of Inland Fisheries and Wildlife is responsible for documenting all reportable Snowmobile, ATV, and Watercraft accidents which have at least one of the following:</div> <div><div>1. \$1,000.00 or more which includes all property damage. This report must be filed within 72 hours of a property damage only accident and can <u>only</u> be used to report a property damage accident. Property damage accidents resulting in less than \$1,000.00 which includes all property damage do not need to be reported.</div><div>2. Personal injury or death. Any accident that causes a death or injuries that require the services of a physician have to be reported by the quickest means to a law enforcement officer and investigated by a law enforcement officer. This 72 hour form can <u>not</u> be used for reporting this type of accident</div></div>	
<div>MAIL TO: Department of Inland Fisheries and Wildlife</div> <div>Recreational Safety Division</div> <div>284 State Street</div> <div>41 State House Station</div> <div>Augusta, Maine 04333-0041</div> <div>WITHIN 72 HOURS FOLLOWING ACCIDENT</div>	
TIME	<div>Date of Accident: _____</div> <div>Day of Week _____</div> <div>Hour _____ AM <input type="checkbox"/> PM <input type="checkbox"/></div>
PLACE	<div>Place Where Accident Occurred _____</div> <div>County _____ City/Town _____</div> <div>Location Where Accident Occurred _____</div> <div>Give name of road, body of water, trail name or ITS number _____</div> <div>At Trail Intersection With _____</div> <div>Road, another trail _____</div>
<div>Vehicle # 1</div> <div>Vehicle # 2</div>	
<div>Driver's Name _____</div> <div>Last, First, Middle _____</div>	<div>Driver's Name _____</div> <div>Last, First, Middle _____</div>
<div>DOB MO. DAY YEAR _____</div> <div><input type="checkbox"/> Male <input type="checkbox"/> Female</div> <div>Phone Number _____</div>	<div>D.O.B MO. DAY YEAR _____</div> <div><input type="checkbox"/> Male <input type="checkbox"/> Female</div> <div>Phone Number _____</div>
<div><input type="checkbox"/> Check if new address</div> <div>Current Address, Number and Street _____</div>	<div><input type="checkbox"/> Check if new address</div> <div>Current Address, Number and Street _____</div>
<div>City/Town _____</div> <div>State _____ Zip _____</div>	<div>City/Town _____</div> <div>State _____ Zip _____</div>
<div>Year _____</div> <div>Make _____</div>	<div>Year _____</div> <div>Make _____</div>
<div>Serial Number _____</div>	<div>Serial Number _____</div>
<div>Describe Damage to Vehicle _____</div>	<div>Describe Damage to vehicle _____</div>
<div>Estimated Cost to Repair _____</div>	<div>Estimated Cost to Repair _____</div>
<div>Total Number of Vehicles Involved: _____ If more than two vehicles were involved, describe the additional vehicles on separate report forms and attach to this report.</div>	
<div>As a result of this accident, was anyone summonsed to court? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Name of Court _____</div> <div>Charge(s) _____</div>	
<div>Did a Law Enforcement Officer investigate at the scene of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Name of Investigating Officer _____ Department: _____</div> <div>(Please Print) (IFW, State Police, Sheriff, Local Police, etc)</div> <div>Was a policy of liability insurance covering the vehicle you were driving in effect at the time of the accident? <input type="checkbox"/>YES <input type="checkbox"/>NO <input type="checkbox"/> UNSURE</div>	
<div>FOR OFFICE USE ONLY</div> <div>Date Received: _____</div>	

Please check all boxes below that pertain to the property damage accident you were involved in.

1. Vehicle Type

☐ ATV

☐ Snowmobile

☐ Motor Vehicle

☐ Open Motorboat

☐ Cabin Motorboat

☐ Auxillary Sail

☐ Sail

☐ Rowboat

☐ Canoe

☐ Other (please list)

9. Surface Conditions

☐ Calm☐ Choppy☐ Rough☐ Very rough☐ Strong current

☐ Debris☐ Dry☐ Muddy

☐ Packed snow☐ Powder snow☐ Slush☐ Ice covered

2. Type Location

☐ Marked and groomed trail☐ Unmarked and ungroomed trail☐ Bridge☐ Open field☐ Gravel pit☐ Woods

☐ Lake/Pond☐ River/Stream☐ Ocean☐ Road☐ Other (please list)

10. Personal Safety Equipment Used

☐ Approved lifejacket☐ Lifejacket not approved

☐ Helmet used☐ Helmet not used

☐ None

11. Vehicle Safety Equipment

☐ Fire extinguisher☐ Throw bags

☐ Outside lines☐ Inside lines

☐ Wet suit☐ N/A

12. RV Safety Training completed?

☐ No☐ Yes

13. Member of a Club

☐ No☐ Yes

14. Pre-Accident Actions-Maneuvers By Vehicle

☐ Cruising☐ Approaching dock☐ Tied to dock☐ At anchor☐ Parked☐ Fueling☐ Skidding☐ Overtaking/passing☐ Backing☐ Operating on a public way☐ Operating on a private way☐ Other vehicular action☐ Avoiding vehicle, object, pedestrian, animal

☐ Water skiing☐ Rafting☐ Racing☐ Towing☐ Being towed☐ Drifting☐ Canoeing/Kayaking☐ Fishing☐ Hunting

☐ Making right turn☐ Making left turn☐ Making U turn☐ Starting from park☐ Slowing in traffic☐ Stopped in traffic☐ Following trail☐ Unknown

15. Pre-Accident Actions-Maneuvers By Pedestrian

☐ Standing☐ Skiing☐ Skin diving/swimming☐ Does not apply

☐ Pushing or working on vehicle☐ Other pedestrian action☐ Getting on/off vehicle☐ Unknown

16. Apparent Contributing Factors

Human

☐ No improper action☐ Fail to yield right of way☐ Unsafe speed☐ Following to close☐ Disregard trail or waterway markers☐ Improper pass/overtaking☐ Improper turn☐ Unsafe backing☐ Impeding traffic

☐ Operating inattention☐ Operating in unfamiliar area☐ Fell or thrown off☐ Failure to use lights☐ Operator inexperience☐ Physical impairment☐ Vision obscured☐ Hit and run☐ Unknown

Vehicular

☐ Clothing tangled☐ Stuck throttle☐ Defective brakes☐ Other vehicle defect or failure☐ Unknown

☐ Defective suspension☐ Defective steering☐ Defective lights☐ Defective tires

3. Type Accident

☐ Collision with another vehicle☐ Submersion☐ Burns ÿ Fire or Explosion (fuel)☐ Fire or explosion (non-fuel)☐ Collision with vessel☐ Collision with fixed object☐ Collision with floating object☐ Falls overboard☐ Falls in boat☐ Hit by propeller

☐ Grounding☐ Capsizing☐ Rear end sideswipe☐ Head on sideswipe☐ Ran off trail☐ Rollover☐ Train☐ Animal☐ Pedestrian☐ Other (please list)

4. Object Struck

☐ Other vehicle (type)☐ Gate or cable☐ Waterway marker☐ Bridge, pier, float or dock☐ Floating object☐ Pressure ridge☐ R.R. Crossing device☐ Utility pole☐ Poles, posts or supports☐ Fire hydrant/parking meter

☐ Tree☐ Guard rails☐ Fencing☐ Culvert headwall☐ Embankment☐ Building, wall☐ Rock outcrop, ledge☐ Other (please list)

5. Other Property Damage

☐ State property☐ Utilities property

☐ Other (please list)☐ Unknown

6. Light

☐ Dawn☐ Daylight☐ Dusk

☐ Dark (street lights on)☐ Dark (no street lights)☐ Other (please list)

7. Weather-Atmosphere

☐ Clear☐ Rain☐ Snow☐ Sleet, hail, freezing rain

☐ Fog, smog, smoke☐ Blowing sand or dust☐ Cloudy☐ Other (please list)

8. Winds

☐ None☐ Light (0 – 6 mph)☐ Moderate (7 – 14 mph)

☐ Strong (15 – 20 mph)☐ Storm (25+ mph)

DESCRIBE WHAT HAPPENED (Refer to vehicles by number)

SIGN _____

HERE Signature of DRIVER/your vehicle No.1

Current mailing Address

Date